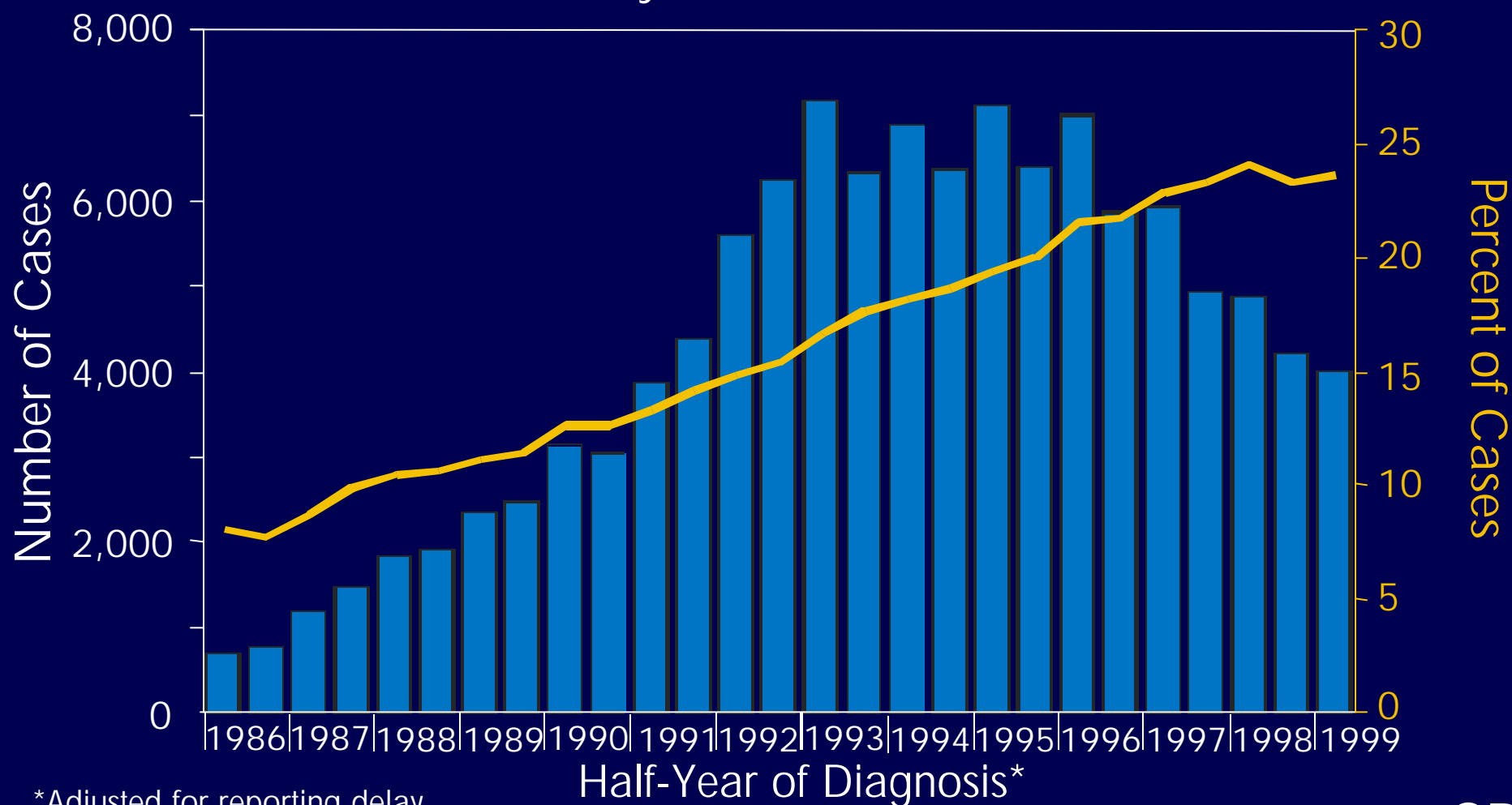


AIDS Incidence* for Women and Percentage of AIDS Cases, January 1986 - June 1999, United States



*Adjusted for reporting delay

AIDS Incidence for Women and Percentage of AIDS Cases January 1986-June 1999, United States

Women account for a steadily increasing proportion of AIDS cases, representing 24 % of cases diagnosed during the first half of 1999. AIDS incidence in women rose steadily through 1993 when the expanded case definition was implemented. Annual incidence in women began to decline in 1996, primarily because of the success of antiretroviral therapies. Since 1995, an average of approximately 11,600 cases of AIDS have been diagnosed in women each year.

AIDS Cases and Rates in Adult/Adolescent Women, by Race/Ethnicity, Reported in 1999, United States

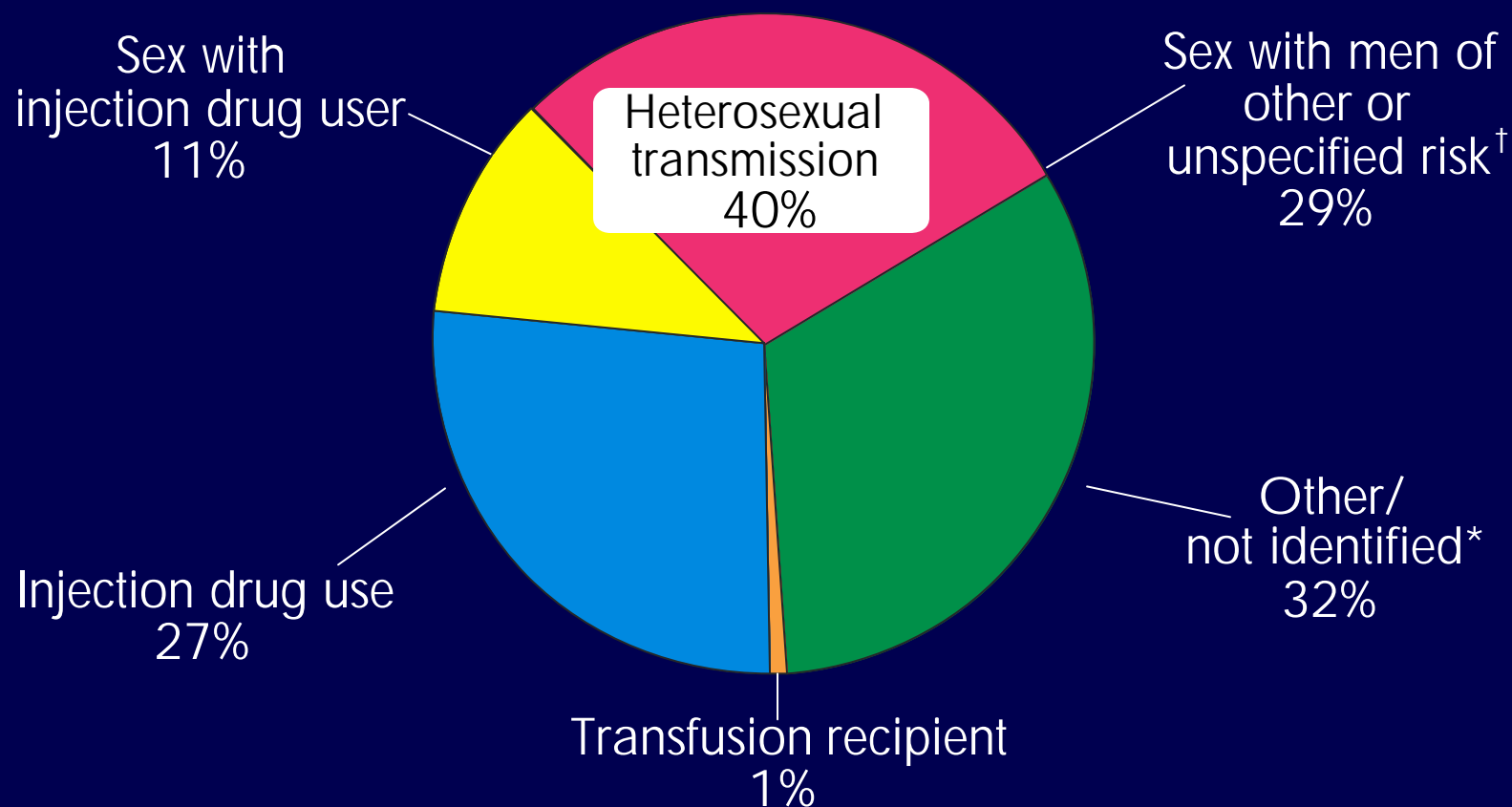
<u>Race/Ethnicity</u>	<u>Number</u>	<u>Percent</u>	<u>Rate per 100,000</u>
White, not Hispanic	1,924	18	2
Black, not Hispanic	6,784	63	49
Hispanic	1,948	18	15
Asian/Pacific Islander	63	1	1
American Indian/ Alaska Native	40	<1	5
<u>Total*</u>	<u>10,780</u>	<u>100</u>	<u>9</u>

*Includes 21 women of unknown race/ethnicity

AIDS Cases and Rates in Adult/Adolescent Women, by Race/Ethnicity, Reported in 1999, United States

Sixty-three percent of women reported with AIDS in 1999 were Black; the rate was 49 per 100,000 women. Nearly equal numbers of cases were reported among Hispanic and White women, although the rate was over seven times higher among Hispanic women. Both the number of AIDS cases and the rate per 100,000 women were lowest among Asian/Pacific Islander and American Indian/Alaska Native women.

AIDS in Women, by Exposure Category Reported in 1999, United States



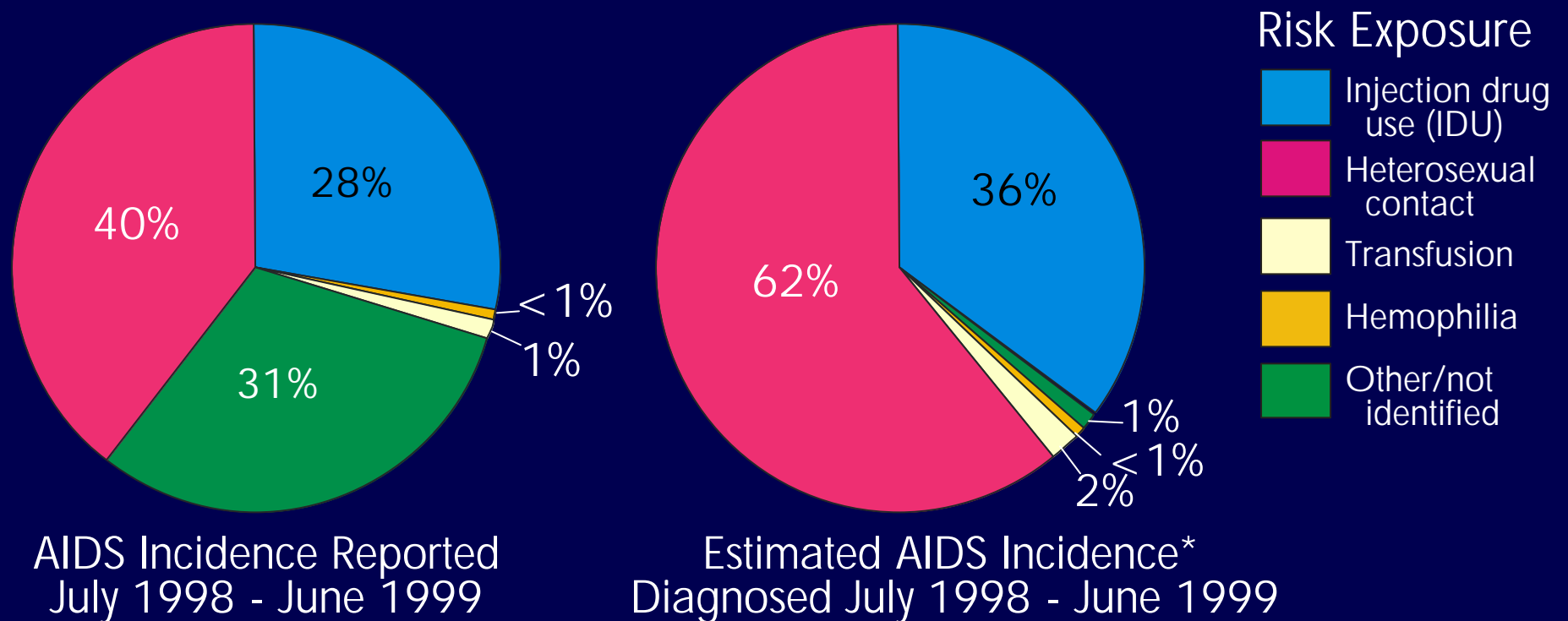
*Includes patients whose medical record review is pending; patients who died, were lost to follow-up, or declined interview; and patients with other or undetermined modes of exposure

[†]Includes sex with a bisexual male, a person with hemophilia, a transfusion recipient with HIV infection, or an HIV-infected person with an unspecified risk

AIDS in Women, by Exposure Category, Reported in 1999, United States

Overall, heterosexual transmission accounted for 40% of AIDS cases reported among women in 1999. Eleven percent of these women reported heterosexual contact with an injection drug user, and the other 29% reported sexual contact with men of unspecified or other risks such as men who have sex with men and women. Twenty-seven percent of cases in women were attributed to injection drug use, and 1% to transfusions. The remainder of cases, 32%, were initially reported with other or unidentified modes of exposure, as is common for recently reported cases. After further follow-up, many cases are reclassified into the other exposure categories. Statistical adjustments based on historical patterns of reclassification estimate that of the 32% initially reported without a risk exposure, 28% will be reclassified as injection drug users and 67% as heterosexual contact.

AIDS Cases in Adult/Adolescent Women, Reported July 1998 - June 1999, and Estimated AIDS Incidence,* Diagnosed July 1998 - June 1999, by Risk Exposure United States



* Data adjusted for reporting delays and estimated proportional redistribution of cases initially reported without risk. Data reported through March 2000.

AIDS Cases in Adult/Adolescent Women, Reported July 1998-June 1999, and Estimated AIDS Incidence, Diagnosed July 1998-June 1999, by Risk Exposure, United States

AIDS cases are reported to CDC with risk exposure information available at the time of report. However, in many cases the risk exposure is not yet identified and only becomes available after further epidemiologic follow-up. Based on historical patterns of risk distribution and reclassification, we can estimate the risk exposure for cases initially reported without risk information. This only can be done reliably by allowing for at least a 6 month lag, that is, for cases diagnosed through June 1999. The pie on the left shows the distribution of risk exposures for cases reported from July 1998 through June 1999; the data depicted in the right pie are adjusted for delays in reporting and proportional redistribution of cases initially reported without risk information. As depicted in the pie on the right, over one-third of AIDS cases in adult/adolescent women diagnosed from July 1998 through June 1999 reported injection drug use as their risk exposure. The majority of cases, 62%, attributed their exposure to heterosexual contact. The other categories accounted for the remaining cases. The pie on the right depicts the distribution of cases by risk exposure category more accurately than the pie on the left.

AIDS in Women, by Exposure Category and Age at Diagnosis, Reported in 1999, United States

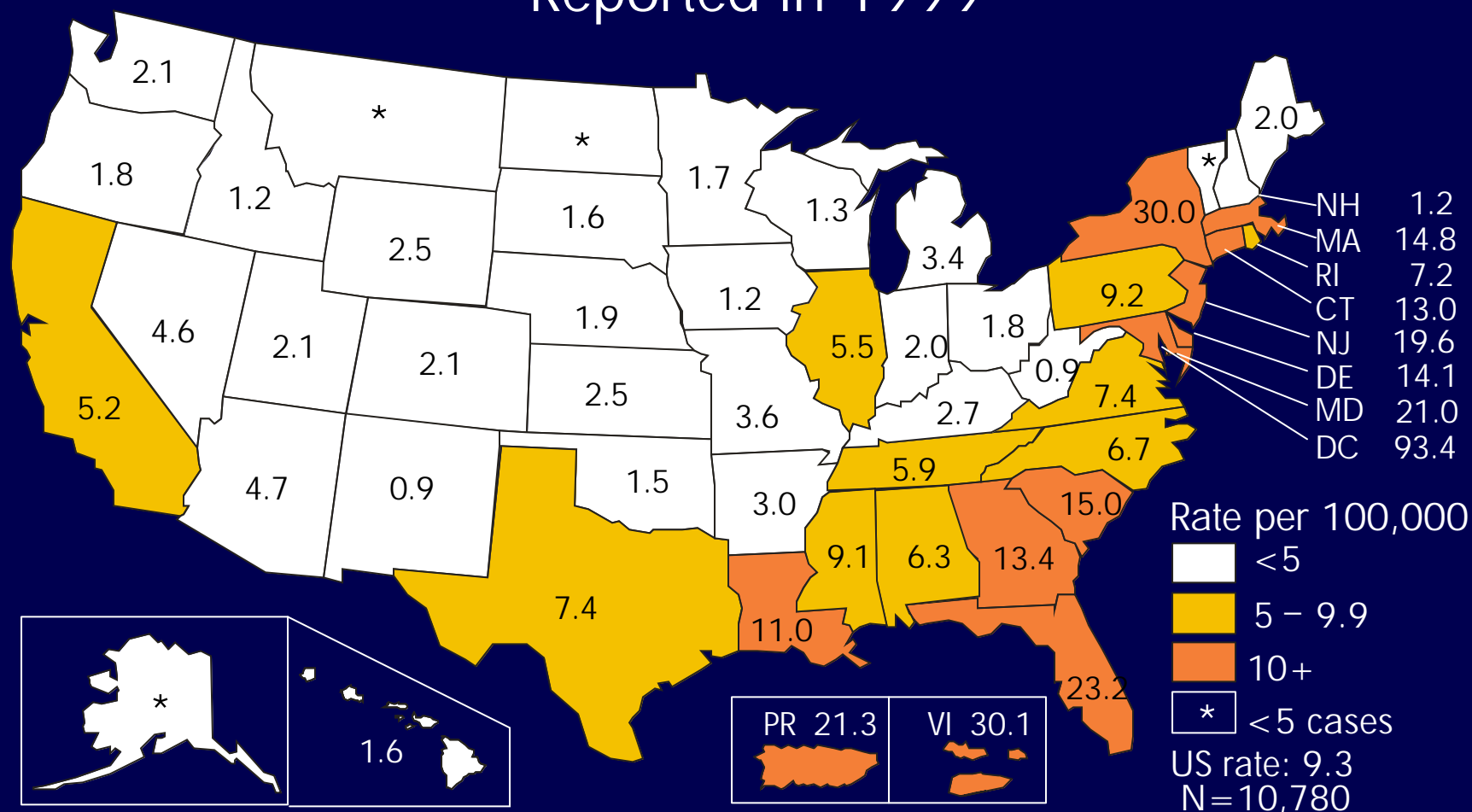
Exposure Category	Age at Diagnosis (in years)			
	13-19	20-29	30-49	50+
	N=180	1,929	N=7,361	N=1,289
	%	%	%	%
Injection drug use	9	17	32	17
Heterosexual contact	39	47	37	42
Transfusion recipient	2	1	1	2
Other/not identified*	49	36	29	38

*Includes patients whose medical record review is pending; patients who died, were lost to follow-up, or declined interview; and patients with other or undetermined modes of exposure

AIDS in Women, by Exposure Category and Age at Diagnosis, Reported in 1999, United States

Recently reported AIDS cases among women are more likely to be initially reported without an identified risk exposure; however, most cases are eventually reclassified to an established mode of exposure. For this reason, the percent of cases attributed to heterosexual transmission and injection drug use are minimum estimates of the true proportions for each mode of exposure to HIV, especially among recently reported cases. Among the 180 adolescent women (aged 13-19 years) reported with AIDS in 1999, the majority had an unidentified risk exposure or reported heterosexual contact as their mode of exposure. Injection drug use was reported among 9% of adolescent women. Women in their twenties or over 50 years of age at diagnosis also reported primarily heterosexual contact or an undetermined exposure; however 17% of the women in each of these age groups reported injection drug use. Heterosexual contact was reported by 37% of women 30-49 years of age, followed by injection drug use (32%) as their mode of exposure to HIV. Although the number of women reported with AIDS decreased slightly between 1998 and 1999, the number of women 13-19 years old at diagnosis increased from 150 to 180, as well as the number of women 50 years and older at diagnosis.

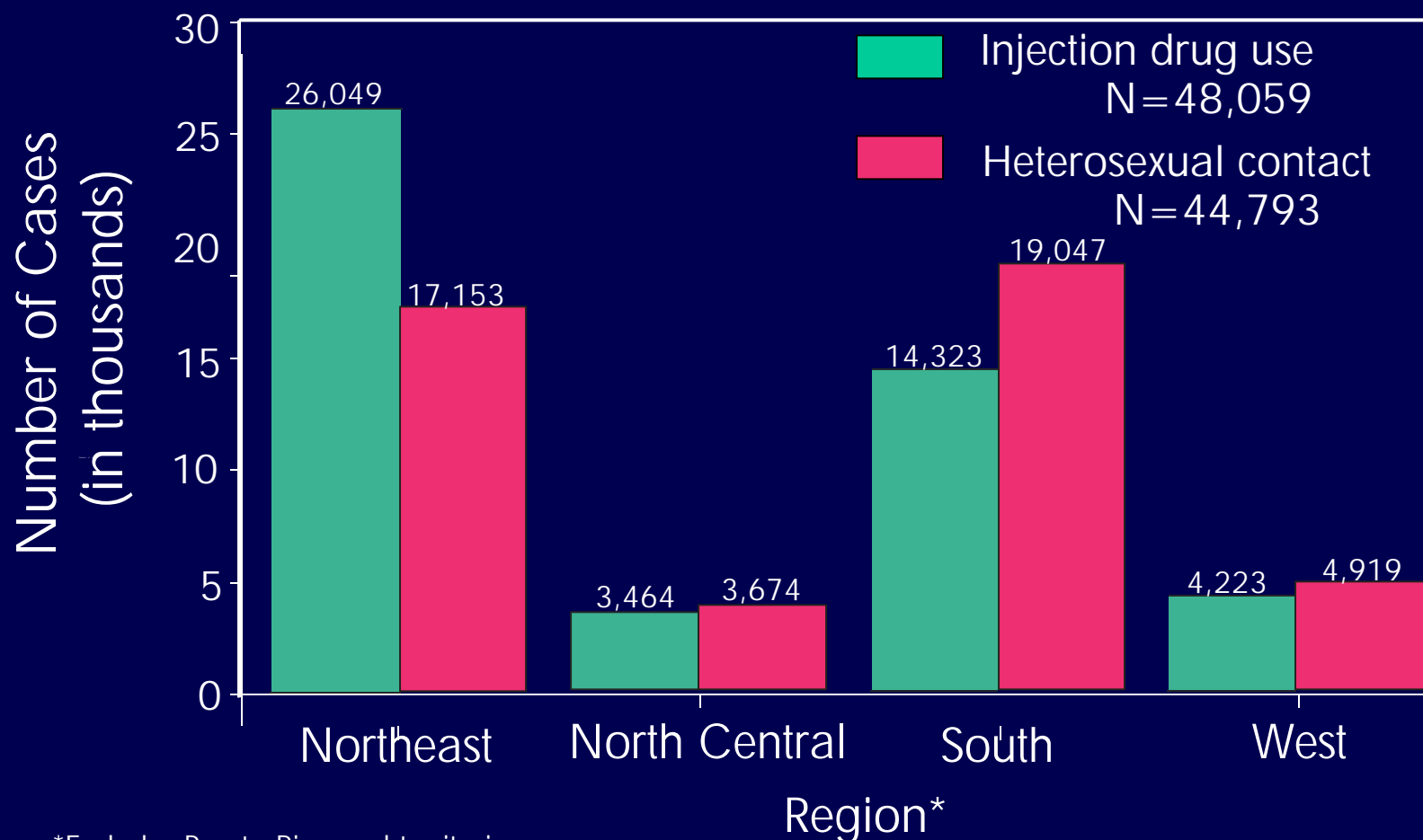
AIDS Rates per 100,000 Women Reported in 1999



AIDS Rates per 100,000 Women, Reported in 1999

Rates of reported cases of AIDS per 100,000 women are shown for each state, the District of Columbia, Puerto Rico, and the Virgin Islands. The highest state rates are found in the east in New York, the Virgin Islands, Puerto Rico, Florida, Maryland, and New Jersey. Rates are lower in the South and West, and lowest in the north central states. Every state reported some AIDS cases among women in 1999. The high rate in the District of Columbia should be interpreted with caution as the District of Columbia is more similar to a city than a state. Rates were not calculated for states with fewer than 5 female AIDS cases reported in 1999.

Women with AIDS Attributed to Injection Drug Use and Heterosexual Contact, by Region, through 1999 United States

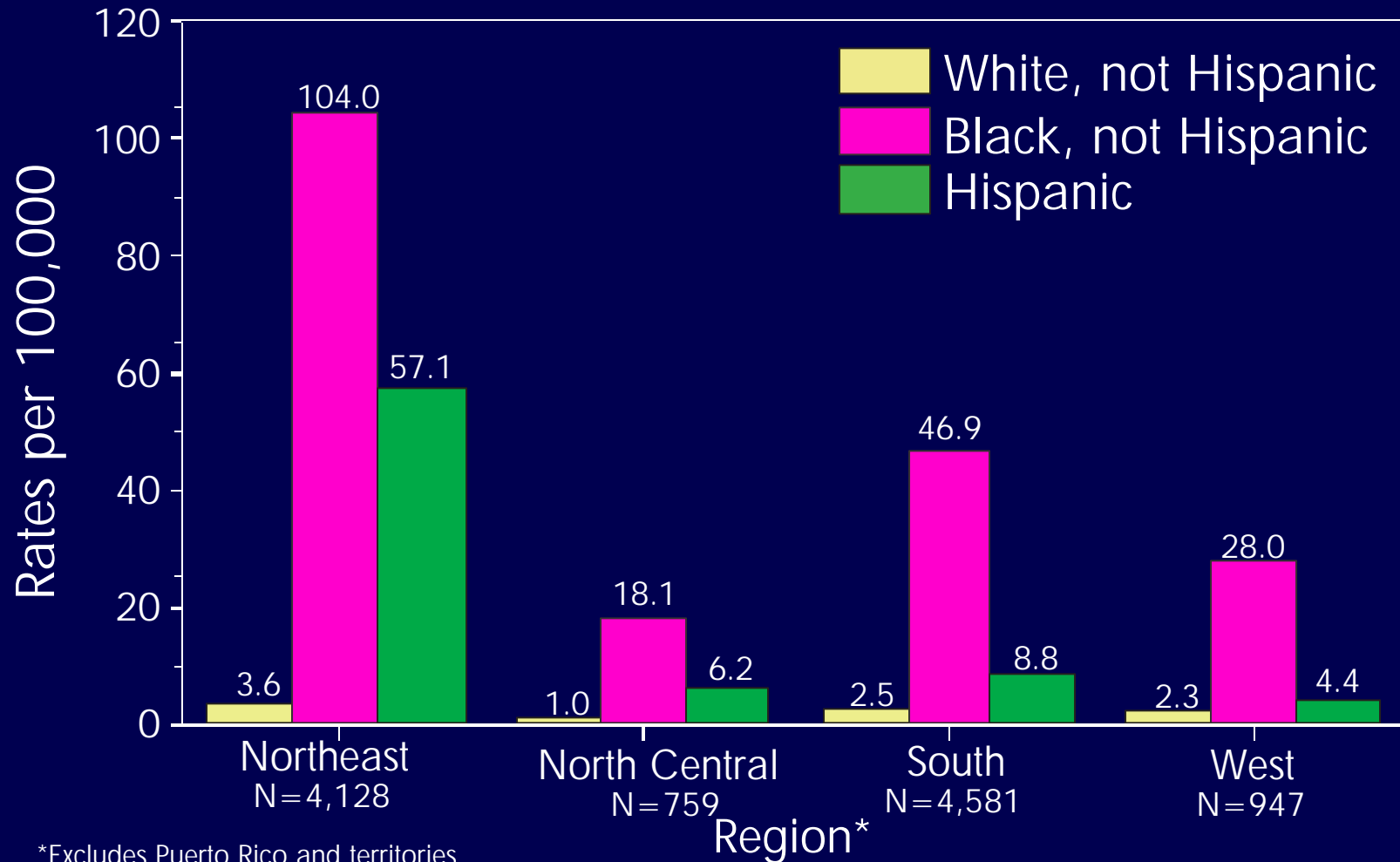


*Excludes Puerto Rico and territories

Women with AIDS Attributed to Injection Drug Use and Heterosexual Contact, by Region, through 1999, United States

Since the advent of antibody testing and screening of blood donations, the two principal modes of HIV exposure for women are injection drug use and sex with an HIV-infected partner. Over 90,000 women have been diagnosed and reported with AIDS attributed to these modes of exposure. AIDS in women is concentrated on the east coast, especially in the Northeast, and over half of the women reporting injection drug use reside in the Northeast. More women report injection drug use than heterosexual contact in the Northeast, in contrast to the other regions. In the North Central and West, cases are nearly equally distributed between the two main risk exposures. In the South, more women with AIDS report their exposure as heterosexual contact than injection drug use, and approximately 3 to 4 times more cases are reported from the South than from the North Central and West regions.

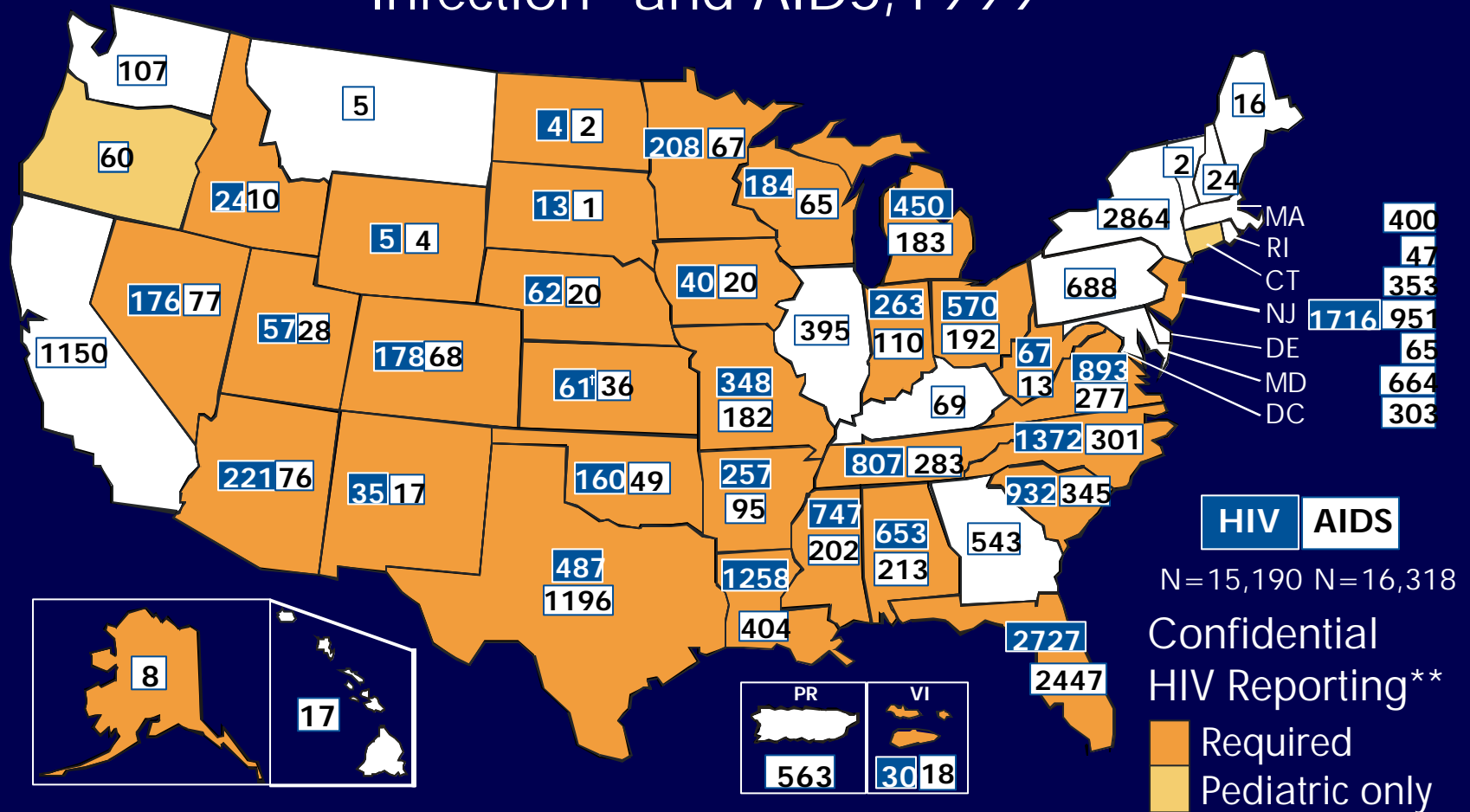
AIDS Rates per 100,000 Women, by Region and Race/Ethnicity, Reported in 1999, United States



AIDS Rates per 100,000 Women, by Region and Race/Ethnicity, Reported in 1999, United States

AIDS rates for Black, White and Hispanic women are highest in the Northeast compared with the other regions of the United States. The next highest rates are in the South. Within each region, the rates among Black women are considerably higher than those among White or Hispanic women. Rates are 12 to 29 times higher among Black compared with White women. Rates among Hispanic women are higher than among White women in each region, most markedly in the Northeast. Rates are not shown for Asian/Pacific Islander and American Indian/Alaska Native women because the low number of women reported with AIDS in 1999 of these race/ethnicities does not allow for stable rate calculations when stratified by region of residence.

Women 15-34 Years of Age Living with HIV Infection* and AIDS, 1999



Women 15-34 Years Old Living with HIV Infection and AIDS, 1999

Over 16,000 women 15-34 years old were reported to be living with AIDS in the United States at the end of 1999. These women are of childbearing age and in the years of highest fertility. States with HIV case surveillance data are better able to target programs and services to these women to enhance efforts to further reduce transmission to their newborns. An additional 15,190 women of this age group were reported living with HIV infection from the 32 areas that conduct name-based confidential HIV infection surveillance of adults and adolescents. The HIV numbers are underestimates of the true HIV infected population as they only include women who have been tested for HIV and reported to the state or local health departments that collect HIV infection case data. A large number of HIV infected women reside in states that do not have HIV surveillance, and undoubtedly there are many infected women who have not been tested. In most states with HIV surveillance, the number of infected women who have not developed AIDS exceeds the number of women with AIDS. These numbers indicate the burden of HIV morbidity with respect to the medical and social services that are necessary for these women, currently and in the future. This population should also be targeted to receive programs and services to reduce or prevent perinatal HIV transmission to their children.